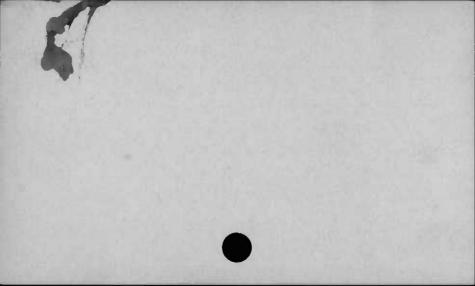
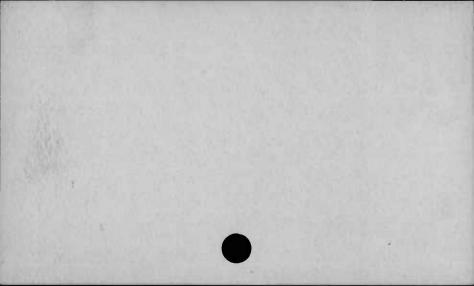
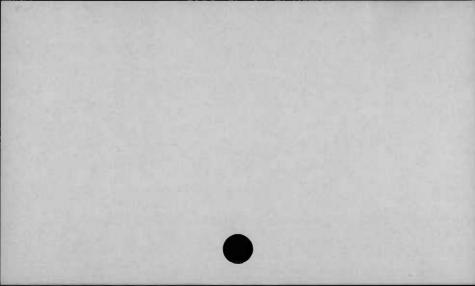
Name In Full Ce tificate of Death MARYLAND Died Men Date 19 8 5 Male Married Number of children living Colored Widower Husband Wife Father's Name How long slck Primary Cause of 15 mue Accident Suicida Haminid Death Reported by Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. DERARY BUREAU, 79899



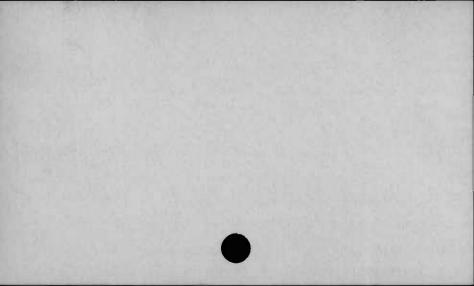
Name in Full Ce tificate of Death Joseph Bartlett Colored Widewer Number of children living Single Husband of Barlleto Maiden Name Sus on Her Father's Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 7989\$



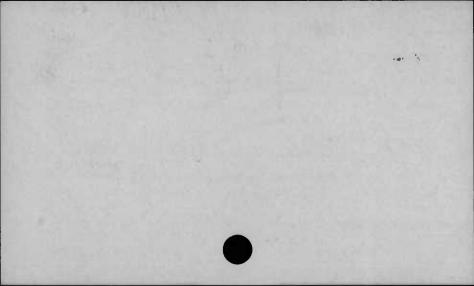
Name in Full Ce tificate of Death Richard Blake MARYLAND Colored Widower Number of children living Single Husband of Wife Father's William Thomas Name Cause of Accident, Suicide, Homicide Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU. 79898



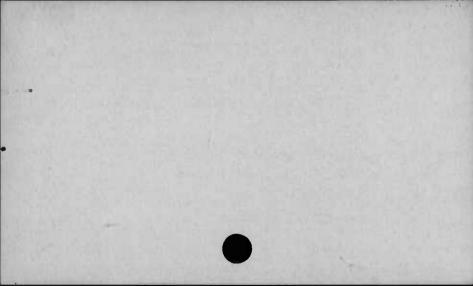
Name In Full Ce tificate of Death Died Mlas Data 190 5 Colored Singla lendal Brice Maidon Namo Trany Catherine Gen Father's General Tuberculosis Death Accident, Suicide, Homicide Reported by Address Must be signed by physician, if any in attendance, otherwisa by coroner, undertaker or ministar. LIBRARY BUREAU, 79898



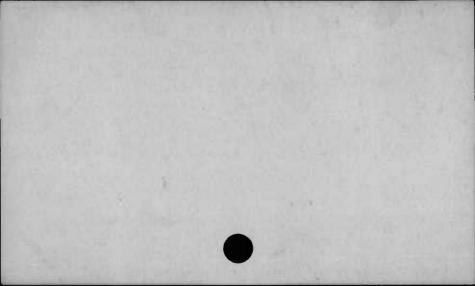
Name In Full Ce tificate of Death Harvey, E. MARYLAND Occupation Date 1902 Number of children living Female Single Husband of Wife W. Diamond Maiden Name Sarrally Colera Instantino Cause of Death Immediate L. W. Tilmon Houal Oux Must be signed by physician, if any In attendance, otherwise by coroner, undertaker or minister. TIRRARY BUREAU, 79899



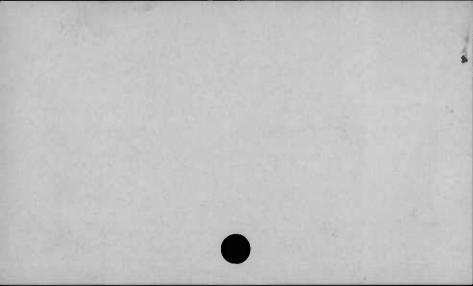
Name in Full Ce tificate of Death Date .190 1_ Male Number of children living Colored Single Husband of Wife Father's Name Cause of Death Accident, Suicide, Homicide **Immediate** Reported by Address Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 79898



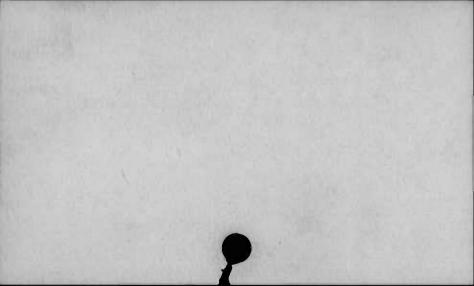
Name In Full Ce tificate of Death Occupation Divorced Number of children living Female Husband Wife Father's Cause of Accident, Suicide, Homicide Death Reported by Address Must be signed by physician, if any in attendance, otherwise by coroner, undertake or minister. LIBRARY BUPEAU. 79285



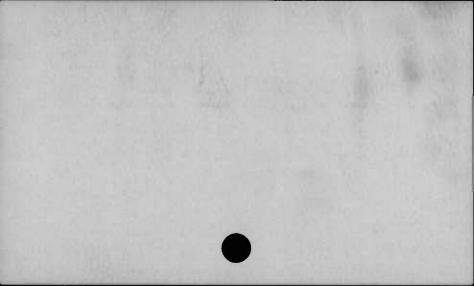
Name in Full Ce tificete of Deeth MARYLAND Died at Occupation Farmer Date 19 0 2 Male Married Widow Number of children living one Widower Husband Many Verginia Caulk.
ich & George Maiden Name Ariminta Highland Father's Name Cause of Unemia Roison Death & a Rodson 1. Michaels Must be signed by physicien, if eny in attendance, otherwise by coroner, undertaker or minister. LIERARY BUREAU, 79898



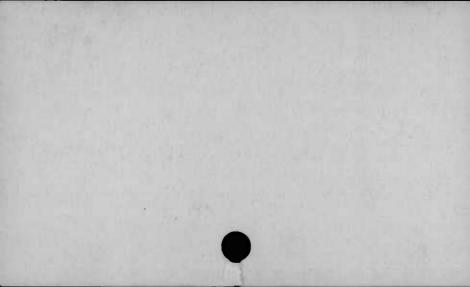
Ce tificate of Death Name In Full County Number of children living Wife Father's Name How long sick Cause of Death Must be signed by physician, If any in attendance, otherwise by co tr, undertaker or minister. LIBRARY BUPEAU. 75805



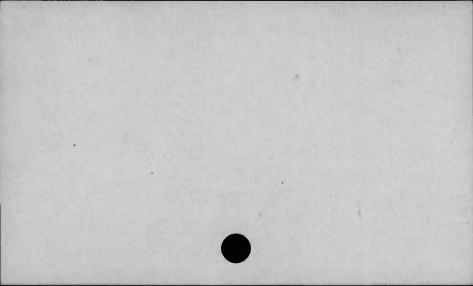
Name in Full Ge tificate of Death Age Will Hed-Number of children living Single Husband Wife Father's How long sick Cause of Accident, Suicide, Homicide Death Reported by Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU. 78895



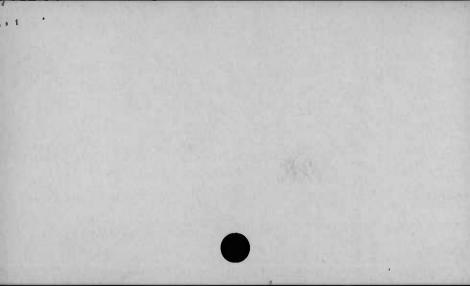
Name In Full Certificate of Death Number of children living spectrophy Reported by Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. PRARY BURALL 798:4



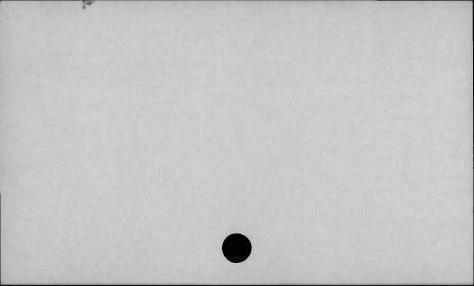
Name in Full Ce tificate of Deeth Date 19 07_ Widawer Number of children living Single Husband Wife Minkaritagien Name Father's Cause of Death Immediate Accident, Suicide, Homicide Address Must be signed by physician, If eny in attendance, otherwise by coroner, undertaker or minister.



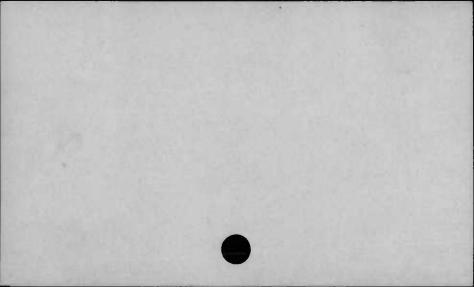
Ce tificate of Death Name in Full Solomon Pippin Died at Easter County Lafter -Date 1902 Month Day Y. M. D. | ma duryma Widower Number of children living Many Elizabete Pippin H. Poppin Maiden Nama Colyateth Mead Primary Brights Disease & How long sick 2 man to 19 day Immediate Exhaus Tim) multipul ferritor Address Julius a. John Do Must be signed by physician, If any In attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 79898



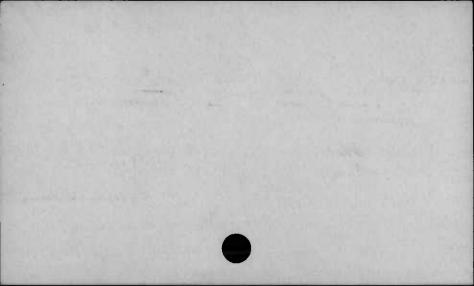
Nama in Full Ce tificate of Death Maria Price County ougnoods Jallot Date 1902 aug 26 Marriad Widow Female Single Widower Number of children living 4 Husband Wife Jun Gleave Maiden Name adoline Baker Father's Name Primary Februale Complaint Cause of Death Immediate Accident, Suicide, Homicide long woods Talbut Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU. 79898



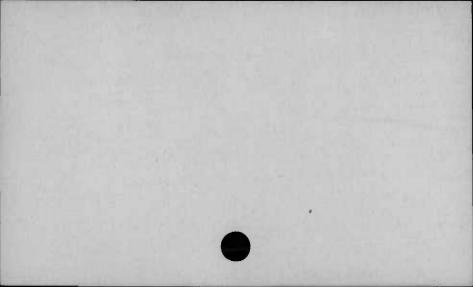
Name in Full Ce tificate of Death Native of Occupation Date 190 2 White -Macried Widow Divorced Single Widower Number of children living Husband Wife Wonfreed Reese Maiden Name Father's Cause of Death Accident, Suicide, Homicide Reported by Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 79895



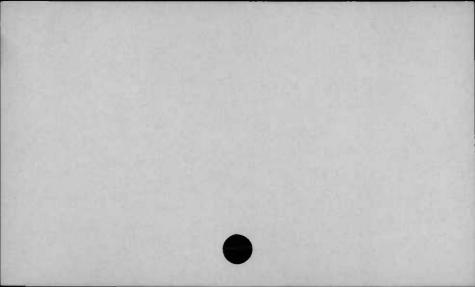
Ce tificate of Death ms. ComPlua Number of children living Father's Name Maiden Name Cause of Accident, Suicide, Homicide Death Reported by Address Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAL . 79898



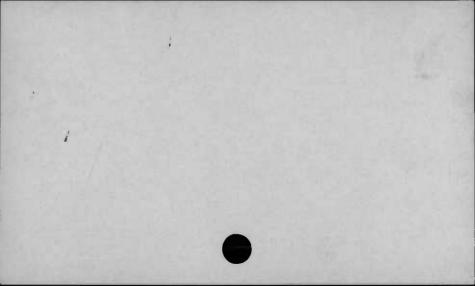
Name in Full Certificate of Death Widower Number of children living Husband Cause of Reported by Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

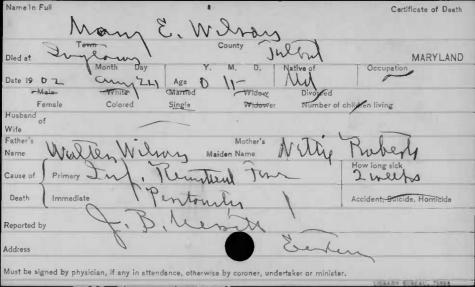


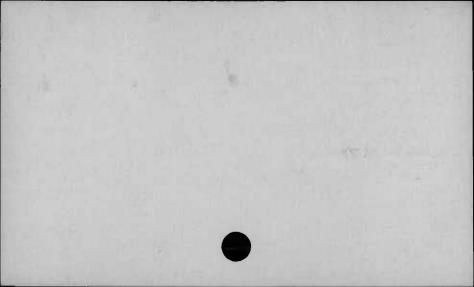
Name in Full Certificate of Deeth Filorener Filozel Frad Died ate on Turnis hulls Jachor -MARYLAND Occupation Date 1902 aug. 8h Age / mm Married Widow Divorced Female Colored Single Widower Number of children living Husband of Wife
Father's Frank H. Irad Maiden Name Fleren a. Flyd
Name How long slck Cause of Primary Indiges ham 105 Death Immediate Enter Coller & Meningelas Accident, Suice Reported by Julius a John In D Address Early ma Must be signed by physician, if any in attendance, otherwise by coroner, underteker or minister. LIBRARY BUREAU, 79898



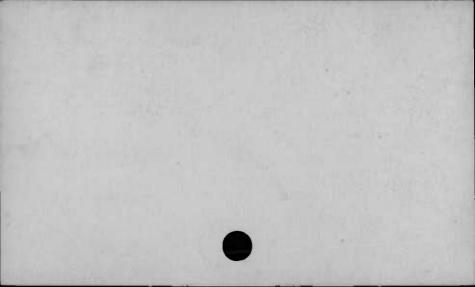
Name in Full Ce tificate of Death County Died at Date 19 5 Age Male Married-Widow -Divorced Single Number of children living Female Widower Husband Wife Father's Mother's Name How long sick Cause of Primary Death Accident, Suicide, Homicide Immediate Reported by Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 79998







Name in Full Certificate of Death Date 19 0 1 Married Number of children living Colored Husband Wife Father's Name Cause of Death Accident, Suicide, Homicide Reported by Address Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.



Name in Full Ce tificate of Death County (Bruce ville Died Mean Native of Occupation Servaid Date 1905 White Number of children living Windows Female Colored Single Husband Father's Mother's Name How long sick Cause of 8 welks Death Immediate Accident Suicide Homfelde Reported by Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

